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THE New York Journal of Homœopathy.

Vol. I.

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ORIGINAL ARTICLES.

MORBUS BASEDOWII:

A CHAPTER FROM

THE PATHOLOGY OF THE SYMPATHETICUS ON A PHYSIOLOGICAL
BASIS, BY DRs. EULENBURG AND GUTTMAN.

Morbus Basedowii is a symptom complex of palpitations of the heart, enlargement of the thyroid gland and exophthalmos. There are other disturbances, especially in the nervous apparatus, and among women in the sexual sphere, but they are neither frequent nor prominent nor exclusively characteristic of the disease, yea, partly only secondary manifestations. The three so-called cardinal symptoms are in most cases combined, but each of them may be missing once in a while,* or only be present in a slight degree, yea, Prael, Fischer, etc., diagnosed the disease from mere exophthalmos found *on both eyes* and connected with other disturbances.

The three cardinal symptoms usually appear in the following order: that at first palpitations (with or without hypertrophy of the heart) set in; after a while, thyroid enlargement, and finally exophthalmos. In rare cases, the symptoms develop themselves simultaneously in a few days; still more rarely, thyroid enlargement and exophthalmos appear before the cardiac affection, and most rarely, the exophthalmos is observed as the earliest symptom. The usual mode of appearance of this trinity of symptoms in a large majority

* In fifty-eight cases collected by Diesh, exophthalmos was four times absent, struma and palpitations three times.

of cases excludes a supposition of accidentality, and hints to a common cause. Many theories have been proposed, of which we only mention the most important ones.

Basedow and others looked for it in a faulty blood-crisis, similar to chlorosis, especially as most cases are found among women with menstrual irregularities during the course and especially before the beginning of the disease, and with amelioration from pregnancy (Basedow, Trousseau, Carlier).

Still, weighty facts oppose this theory, for the disease is also found among males, in women past the climacteric period, and in children. (Stokes, Trousseau, Rosenberg, Deval.) In chlorosis, exophthalmos has never been observed, and thyroid enlargement rarely, and in the Basedowian thyroid enlargement we always hear very loud arterial as well as venous murmurs, which are nearly always absent in a chlorotic struma. In chlorosis we also hardly ever find a continued, frequent and increased activity of the heart; a frequency of the pulse of 120 is something quite usual in morbus Basedowii, even 140 beats and over (Parry, Lebert and Stokes) have been observed; in one case, even 200 were counted to the minute (McDonnell), and in another (Gildemeister) the frequency could not be counted. Repeated observations (Graefe, Geigel, Cerf Lewy) also show that this increased action of the heart frequently resists all the usual remedies for diminishing the frequency of the pulse. The morbus Basedowii has also been observed in blooming persons without any symptom of anæmia (Romberg, Henoch, Moore, Tessier), and it may develop itself acutely in a few days, and even suddenly, after mental emotion, or from other causes, also after traumata. Many other manifestations of this disease, as emaciation in spite of bulimy, increased thirst, sensation of heat, tendency to sweat, increased frequency of respiration, and the manifold, sometimes even high-graded nervous symptoms and mental alterations, are hardly ever found in connection with chlorosis. Anæmia in morbus Basedowii is therefore certainly not a primary manifestation, but, whenever it appears, only secondary, as it is often the case in other chronic diseases.

Stokes blames the heart as the original author of the disease, considering it a functional disturbance, but he fails to

explain its physio-pathological connection, as sometimes the palpitations develop themselves simultaneously with the other symptoms, and even later; and, furthermore, palpitations caused by cardiac defects never lead to exophthalmos.

Thus more and more observers inclined to the idea of considering the nervous system as the originator of this complaint, especially as most patients suffer from nervous symptoms, many even from psychical disturbances even to mania, and which decreased as soon as the three cardinal symptoms decreased. These nervous symptoms were either deduced from a hysterical basis (Brinck), or from a general state of debility of the nervous system (Handfield, Jones, Fletcher) or from its seat in the cerebro-spinal system (Laycock). Koeben was one of the first to put its origin in the cervical sympatheticus, and tried to prove his theory by the anatomical relations existing between the heart, the thyroid gland and the globe of the eye on the one hand, and branches of the sympatheticus on the other. He thought that the struma exercises a pressure on the cervical sympatheticus, and thus the exophthalmos may arise. But such an opinion is wrong, as thyroid enlargement and exophthalmos often appear simultaneously; sometimes the thyroid enlargement appears many years after the exophthalmos, and may even remain entirely absent. Furthermore, the common, frequently endemic struma, of harder consistency and of larger size than the Basedowian struma, hardly ever causes exophthalmos, and then only in a slight degree. And just in such cases, where the tumor pressed on the cervical sympatheticus, the exophthalmos was hardly ever observed, but, in most cases, another symptom, the dilatation of the pupil in consequence of irritation of the pupillary fibres, causing through the cervical sympatheticus a phenomenon absent in morbus Basedowii. The exophthalmos also does not decrease in the same measure as the struma decreases, which ought to be expected if it were the product of pressure; yea, in one case (Charcot), the exophthalmos increased in intensity though the thyroid enlargement disappeared, and the beat of the heart became normal. In other cases, again, the exophthalmos disappeared (Taylor, v. Graefe), and the patient was in better health, although the thyroid enlargement remained *in statu quo*.

Aran was the first French physician who, led by the experiments of Cl. Bernard, considered this affection based on a state of irritation in the sympatheticus, and derived the exophthalmos from a contraction of the musculus orbitalis. Trousseau also considered the morbus Basedowii an affection of the sympatheticus. Thyroid enlargement and exophthalmos are to him congestive phenomena to the upper part of the body, whereas the menstrual disturbances, as the amenorrhœa, are here the sequels of the diminished circulation in the lower part of the body.

Since then, most observers agree in considering the morbus Basedowii an affection of the sympatheticus, but it is very difficult to explain it physiologically, for some symptoms correspond to the paralytic state or the division of the sympatheticus, others, again, to a state of irritation, or the galvanization of the sympatheticus. After dividing this nerve, we never see, for instance, exophthalmos, protrusion of the cornea, dilatation of the rima palpebrarum, but just the opposite: retraction of the globe, flattening of the cornea, diminution of the rima palpebrarum, and dilatation of the blood-vessels of the head. In irritating the sympatheticus, the opposite manifestations set in, namely, contraction of the blood-vessels and exophthalmos. But later experiments of Bernard explain these differences.

The division of the cervical sympatheticus causes a dilatation of the blood-vessels of the head and neck of the symmetrical side, with a considerable rise of temperature, which, measured in the ear, amounts to 4 to 5 degs. Cels., and continues for some time. The dilatation of the vessels is the consequence of paralysis of the vaso-motory nerves running in the sympatheticus, the increased temperature the consequence of the increased supply to the dilated vessels.

We find a pathological analogy for the dilatation in the strongly pulsating, frequently tortuous, and visible small arteries in the ramification of the carotis, but especially in the thyroid enlargement. The frequently sudden origin of the thyroid enlargement during a few days, the softness of the tumor, the sensible pulsations of the thyroid artery, the loud, audible, blowing murmurs, the frequently sudden increase and decrease of the tumor according to the strength of the

beats of the heart (Henoch, Graves), and the fullness of the veins protruding on the surface of the struma, clearly prove a dilatation of the blood-vessels coursing in the enlarged gland. Anatomical examination showed also mostly dilatation of the veins, and considerable development of the arteries (Nau-mann, Banks, McDowell), the glandular tissue hyperplastic, or filled with cysts, and changed by neoplasmata, secondary formations, whereas in the beginning and during the first stages of the disease, the swelling is mostly caused by the dilatation of the blood-vessels.

If, then, we find in the dilatation of the thyroid blood-vessels a similitude to the experimental dilatation after the division of the sympatheticus, still, we do not consider it a perfect analogy, else the division of the sympatheticus would also lead to thyroid enlargement. It is well known that animals may also suffer from goitre. Baillager observed it in countries where goitre is endemic in men, also in animals, especially in mules, more rarely in horses and dogs. Bod-daert caused a swelling of the thyroid gland in rabbits by ligating the venæ jugulares in- and externæ, and venæ thy-roideæ.

In relation to the rise of temperature, we find the same in morbus Basedowii. Paul observed in one case a rise of $\frac{1}{2}$ to 1 deg. C.; Tessier frequently 1 to 2 degs., and Cheadle reports eight cases where he constantly observed a rise of temperature. In a case observed by us, it was steadily 38.2 to 38.8 in the axilla. Still there are cases where the temperature remains normal. Patients suffering from morbus Basedowii feel this increased temperature, even where it is objectively very moderate, subjectively as heat, frequently accompanied by *sweat*. Basedow already turned our attention to this sensation of heat, which in some cases was so strong that the patients undressed themselves (Trousseau, Fournier, Ollivier). This rise of temperature has the same cause as after the division of the sympatheticus—increased supply of blood in the dilated vessels; but it is not locally limited, as in the physiological experiment, but is equally high in both axillæ, in both auditory canals, for the affection of the sympatheticus in morbus Basedowii is alike on both sides, as we perceive in the fullness of the blood-vessels on both sides of the head, the double exophthal-

mos, and other phenomena in the eye; but when the sympatheticus is paralyzed or irritated only on one side, the abnormality of the temperature appears also only on that side, a falling of the temperature from irritation, a rising temperature from paralysis of the sympatheticus.

The second cardinal symptom, which we wish to compare with the experimental results on the sympatheticus, is the exophthalmos. It nearly always appears simultaneously on both sides, rarely later on one eye (Prael), and very rarely only on one side (Mackenzie, Foerster, Schitzler, Emmert). Usually the protrusion on both eyes is not equally intense, the right or the left preponderating. Experiments on the sympatheticus teach:

Division of the cervical sympatheticus in animals produces flattening of the cornea, contraction of the pupil, and redness of the conjunctiva (Petit), retraction of the bulbus in the orbita, and consecutive diminution of the bulbus (Bernard). The result of this experiment differs, therefore, *in toto* from Basedowian exophthalmos. But Biffi remarks that a pupil contracted after the division of the sympatheticus dilates again by galvanic stimulation of the central end of the divided sympatheticus, and Bernard adds to it that then also the rima palpebrarum dilates, the cornea becomes round, and the bulbus protrudes from the orbit, thus causing a genuine exophthalmos, but simultaneously with a reappearing contraction of the formerly dilated blood-vessels of the head and neck, and with a fall of temperature even below the norm.

Exophthalmos and dilatation of the blood-vessels of the neck are therefore never a simultaneous product of one and the same experimental action, but rather stand in antagonistic relation one to another, for division causes dilatation of the blood-vessels, but no exophthalmos, on the contrary, retraction of the bulbus. Stimulation produces exophthalmos, but no dilatation, on the contrary, contraction. Both series of phenomena after the division of the sympatheticus, the dilatation of the blood-vessels with increase of temperature (the vascular-thermal symptoms), and the changes in the eye (oculo-pupillary symptoms), must be therefore conditioned by the influence of different nerves, running their course together in the track of the sympatheticus, but having their special centre.

Bridge and Waller had already proved this centrum for the oculo-pupillary nerves in the cervical spinal cord (centrum cilio spinale). Bernard then communicated the important fact that it is possible to produce isolatedly both series of symptoms from the division of the sympatheticus, the vascular-thermal ones as well as the oculo-pupillary ones. These experiments are:

Division of the anterior roots of the two first spinal nerves produces flattening of the cornea, contraction of the pupil, diminution of the rima palpebrarum, retraction of the bulbus (thus the same symptoms as the division of the cervical sympatheticus), but no dilatation of blood-vessels, no rise in the temperature. The manifestations in the eye appear isolated. Galvanic stimulation of the peripheric ends of the divided anterior roots produces again rounding of the cornea, dilatation of the pupil, dilatation of the rima palpebrarum, and exophthalmos, just like the galvanic irritation of the central end of the divided cervical sympatheticus.

But when Bernard (in dogs) divided the ascending fibres of the thoracic sympatheticus laterally from the vertebrate column, between the second and fourth ribs, dilatation of the vessels and a rise of the temperature on the side operated upon set in (first day a difference of 4 degs., second day of 6 degs. C., from the sound side), but the ocular phenomena were entirely absent.

Thus it is now possible to explain physiologically the apparent antagonism between thyroid enlargement and exophthalmos in morbus Basedowii. The enlargement, *i. e.* the dilatation of the cervical blood-vessels, is explained by supposing that the vaso-motory nerves running in the cervical part of the sympatheticus for the blood-vessels of the head and neck are in a paretic state, therefore analogous to the division of the sympatheticus. The vascular paresis causes also, by the stronger afflux of blood, the increased temperature. On the other side, we can only explain the exophthalmos by supposing that the oculo-pupillary fibres also running in the track of the cervical sympatheticus are just *vice versa* in a state of irritation, thus analogous to galvanic stimulation of the central end of the divided sympatheticus. We will study by-and-by whether such suppositions of simultaneous

paresis and stimulation of the sympatheticus is satisfactory for the explanation of the morbus Basedowii, or not.

We must still follow up the origin of exophthalmos through irritation of the cervical sympatheticus, and whether the same original cause may be applied to the exophthalmos in the morbus Basedowii.

The experimentally produced exophthalmos arises by contraction of the musc. orbitalis, that smooth muscle of the eye, innervated by the sympatheticus (its nervous fibres may be followed up to the ganglion sphenopalatinum), and serving as antagonist to the M. retractor, which is able to draw the bulbus out. In man, the action of this muscle is very weak, the more so, as it appears here as antagonist to energetic voluntary muscles; but H. Muller discovered other smooth muscles at the upper and lower eyelid, which aid in the protrusion of the bulbus, as their contraction opens the eyelids. That these muscles are innervated by the cervical sympatheticus is made clear by Wagner's experiment on an executed criminal, where the electric stimulation of the cervical sympatheticus opened the eyelids.

But we find here another difficulty for the explanation of the Basedowian exophthalmos, as its permanency would only be possible by a permanent tetanic contraction of these muscles, *i. e.* by a permanent state of irritation of the nerve-fibres innervating these muscles, and running their course in the track of the cervical sympatheticus; and for such a permanent state of stimulation we have no physiological analogy, as every state of irritation of a nerve gradually passes over into an opposite state—into paralysis; and we have no right to exempt the sympatheticus from the immutable law governing the sensory and motory nerves. We return, therefore, to our original proposition that, at least partially, the venous hyperæmia and the fatty development in the cellular tissue of the orbita aid in the protrusion of the bulbus. That such a hyperæmia exists during life is rendered probable by the analogous hyperæmia in the enlarged gland, and from the observation that, with a decrease of the palpitations, the exophthalmos frequently decreases, and again increases with increased activity of the heart, and that it sinks into the orbita from a slight pressure of the finger, or after death. We

also have manifold analogies for such a mechanical protrusion of the bulbus. In newly-born infants, a slight exophthalmos has been observed, when the period of labor was tedious, from pressure, and thus checked return flow of the blood; also from instrumental labor. The same has been observed in women after long and tedious labors. It may also arise from diverse causes leading to serous percolation in the retro-bulbar cellular tissue, or from congestions to the head. So, also, severe exertions, convulsions, etc., may also, by increased pressure of blood in the veins, lead to exophthalmos.

To all these causes of exophthalmos (contraction of the smooth orbital muscles and venous, intra-ocular hyperæmia) comes as a third genetic element the retro-bulbar fatty proliferation. Basedow found it so considerable that the optic nerve was totally surrounded by it. Haersinger saw it of twice its normal volume; Laqueur, a great deal of fat in the orbita without hyperplasia of the cellular tissue; Traube, strong development of the fatty cushion, the orbital muscles nearly yellow from fatty degeneration, etc., and we therefore believe that in exophthalmos Basedowii, all three factors, the smooth muscles, the venous hyperæmia, and the increase of fatty tissue in the orbita, act more or less together.

Graefe leads our attention to another phenomenon, the slight co-motion of the eyelid in a raised or lowered field of vision. During the healthy state the upper eyelid also moves when the bulbus is raised or lowered; but this does not take place, or only in a slight degree, in morbus Basedowii. This symptom is not caused in that disease by the exophthalmos, for the motion of the lid remains intact in exophthalmos, from other causes, as tumors in the orbita, and on the other side we see it suspended in the lightest degree of exophthalmos from morbus Basedowii. The cause of this insufficient motion of the lid is, according to Graefe, a disturbed innervation (morbid contraction) of the smooth muscular fibres discovered in the eyes, which receive their nerves from the sympathetic, "as these parts probably regulate the motion of the eyelid with the visual field."

Other phenomena in the morbus Basedowii, in relation to the theory of the affection of the sympathetic, are the inflammatory and ulcerative symptoms of the eye, especially

in men, but also in women. According to Graefe, the insufficiency of the eyelid, of which we just treated, is the cause of these inflammatory symptoms. Through the deficient lowering of the upper eyelid, as, for instance, in reading, a part of the cornea remains uncovered, causing a dryness in the conjunctival sac, an extension of the conjunctival veins, even incrustations. Still, this alone does not suffice for an explanation, as the same unfavorable relations in paralytic lagophthalmos, *e. g.* after paralysis of the facialis, leave the eye intact. Graefe therefore considers the Basedowian ophthalmia essentially a neuro-paralytic one, caused by disturbances in the innervation of the sympathetic fibres of the trigeminus; and this is the more probable as it has been observed that higher grades of the morbus Basedowii depress the sensibility of the cornea. Another phenomenon, the so often observed lachrymation, also speaks for a co-affection of the sympatheticus, which may be considered as an altered innervation of the vasomotor fibres running from the sympatheticus to the first branch of the trigeminus. That keratitis is rarely seen in the morbus Basedowii, we may ascribe to this lachrymation, by which the conjunctiva is kept constantly moist.

In comparing the symptoms of Basedowian exophthalmos with the one experimentally produced by irritation of the cervical sympatheticus, we must also study the relations to the pupil. In every experimentally produced exophthalmos, dilatation of the pupil sets in. A very common example of it is the death by suffocation, or the death by paralysis of the heart in animals; at the moment when exophthalmos appears, the pupil dilates. In the Basedowian exophthalmos, the dilatation of the pupil is absent (Graefe observed 200 cases, and never saw dilatation); and this absence is the more remarkable as changes in the form of the pupil were mostly observed after injuries or pressure on the sympatheticus. Whenever dilatation of the pupil happens in Basedowian exophthalmos, Stellwag explains it from a paralysis of the pupillary oculo-motor branch, in consequence of cerebral, neuro-paralytic dilatation of the blood-vessels. This isolated paralysis of this branch, with integrity of the other fibres of the oculo-motorius, may be explained that the pupillary branches only unite with the other fasciculæ of the oculo-

motorius after their crossing with the crura cerebri, and, as it has been proved, originate from several centres of different value.

The third cardinal symptom of morbus Basedowii is the increased action of the heart. In the track of the cervical sympatheticus, we find the excito-motory fibres of the cardiac nerves originating in the central nervous system, the accelerating fibres of the activity of the heart. When the cervical sympatheticus is irritated, the frequency of the pulse increases (Hezold); a state of stimulation in the cervical sympatheticus would therefore satisfactorily explain the increased contractions of the heart. Friedreich believes that the vaso-motory nerves coming from the sympatheticus will be paralyzed, thus producing a dilatation of the coronary arteries, a stronger afflux of blood to the cardiac muscles, and thus a stronger irritation of the cardiac ganglia. Thus the more frequent activity of the heart would be caused immediately by an increased activity of the automatic ganglionic centra of the heart, and only mediately by the sympatheticus; but we know that it is the function of the cardiac fibres of the sympatheticus to carry the stimulus coming from the centre to the ganglia of the heart, and it is of no importance to us whether this transfer is caused by increased afflux of blood to the ganglia of the heart, or by irritation of the sympathetic fibres connected with them.

We learn from the statements made, that the cardinal symptoms of the morbus Basedowii may be generally compared with the results of physiological experiments on the cervical sympatheticus; but the comparison holds only if we sum up the manifestations after division and after stimulation of the cervical sympatheticus; and if we also suppose that we find in morbus Basedowii irritation as well as paralysis in the region of the cervical sympatheticus. Geigel denies this, and looks therefore for the seat of these disturbances in the centrum of the fibres going to the cervical sympatheticus, *i. e.* there where, according to Bernard, by isolated irritation of certain parts the oculo-pupillary as well as the vasculo-thermal effect may be produced isolated, that is taken in its widest sense the region of the pons and of the medulla to the uppermost thoracic vertebræ. Benedict also puts the seat of the

morbus Basedowii in the medulla oblongata, and not in the cervical sympatheticus, as in that disease many a time fibres are affected, running in the deeper lying parts of the sympatheticus. But when in an affection multiple nerves are affected emanating in different places from the central nervous system, we are obliged to put the seat of that affection in that part where the total fibrillation is in juxtaposition, and this is the medulla oblongata.

Eulenburg replies to this objection of Geigel, that in the cervical sympatheticus a state of irritation and of paralysis may exist simultaneously just as well as in the cilio-spinal and vaso-motory centres of the cervical cord; that therefore some stria of filaments may be put by a lesion into increased irritation, others into a more paretic state. The diseases of peripheric nerves offer us analogies for the possibility that in the same nerve different states may exist. In neuritis, for instance, a state of irritation may be present in the motory fibres and diminished sensibility in the sensory fibres, and *vice versa*. Yea, even in the same fibres, we often meet opposite states: in the sensory, *e. g.*, diminished and increased sensibility (anæsthesia dolorosa); in the motory, diminished and increased motility (paresis or paralysis, with spasms and contractions). Against Benedict's argument it may be said that the disturbances in the abdominal organs, amenorrhœa, etc., are not necessarily connected with fibres of the sympatheticus lying lower (than the cervical sympatheticus). The cardinal symptoms can be explained by a diseased state of the cervical sympatheticus; other symptoms, amenorrhœa, many nervous symptoms, are only secondary, partly depending on the abnormal activity of the heart, and we see therefore no reason to accept as the seat of the morbus Basedowii the centre of the vaso-motory nerves in the cervical cord.

In relation to the therapeutics of morbus Basedowii, an entire change took place through the changed views about the essence of the disease. Whereas formerly antichlorotica, roborantia, or remedies diminishing the frequency of the pulse, were the order of the day, though experience taught over and over how little influence they possess over the frequency of the heart's action, we act now directly on the cervical sympatheticus *by galvanization with the constant*

current. In five cases treated thus by us, the frequency and severity of the heart's action became greatly diminished, and the mental disturbances removed. Choostek lately made extensive communications about the galvanization of the sympatheticus. Thirteen cases were thus treated with great benefit; especially in regard to the exophthalmos and the thyroid enlargement, whereas it showed less influence in diminishing the activity of the heart. Moritz Meyer treated four cases, and witnessed, not only evident success in the treatment of that disease, but the general health of the patient also improved, and the menses became qualitatively and quantitatively normal again.

(Let us relate, in short, the results of galvanization of the cervical sympatheticus on the healthy. The oculo-pupillary action during the galvanization consists in a slight dilatation of the pupil. Gerhardt produced it by putting the negative electrode between the angle of the lower maxilla and sternocleidomastoideus, and the positive on the arcus palati of the corresponding side. This dilatation of the pupil is not constant. When the ganglion cervicale supremum (20 to 40 elements) was galvanized (anode at the manubrium sterni, kathode at the angle of the lower maxilla, and the circuit closed, only a very trifling dilatation could be observed; but during the galvanization the pupil contracted again. (Dilatation is therefore the effect of stimulation of the sympatheticus; when the circuit is closed, the consequent contraction is the consequence of paralysis of the pupillary fibres, appearing in consequence of long-lasting galvanization. By opening the circuit the action varies, sometimes slight dilatation, then contraction, or none at all. Where the electrode was applied symmetrically back and below the angle of the maxilla, the dilatation of the pupil was larger on the side of the kathode.)

S. L.

THE UNRELIABILITY OF LIFE STATISTICS AS USUALLY COMPILED.

By T. S. LAMBERT, M. D., of New York.

The reason for stating the subject in this negative form is that there appears to be as much imperative need of drawing

attention to the erroneous idea in regard to the method of obtaining reliable life statistics, as there is need of pointing out the right procedure. Indeed, it often happens that the right way will not readily receive attention until the commonly accepted way is known to be wrong.

The numerous large and small volumes, long and short essays, and almost innumerable tables, that have been presented to the public, and which are rapidly increased, indicate the importance of staying the deluge if the methods pursued are not really correct, and are not really valuable in results and deductions, but are erroneous.

Now, in fact, the practical or deductive truths that these efforts and tables exhibit, are almost a nullity in every respect.

Since the above topic was sent to the Secretary, at least a dozen new articles, some of considerable length, have come under my notice.

The last, a lengthy essay upon the length of lives of American and English clergymen may be taken as a fair sample of the work to which reference has been made.

If the vocation was the only variable in this case, this work would be valuable; but the variable is but one of many affecting the longevity of every person there grouped. Nor is this variable one of the most, but is in fact one of the least important of those affecting the longevity of the persons considered together in this list.

It will be found as a practical fact, that the clergymen of the "fore-ordination denominations" average to possess longer lives than the clergymen of the "free-will" denominations by about ten years. Shall we then say that a belief in regard to fore-ordination is a variable having any causative effect in relation to clerical longevity? By no means; especially when we find that some of the clergymen of the free-will denominations attain the very highest ages that are allowed to man.

Care must then be taken in making tables upon life statistics, and in studying that subject, to avoid making deductions from variables which are accidental and not causal. For example, a very extensive labor has been made by some Frenchman, whose name now eludes my memory, to compare the proportionate number of the married and the unmarried, widows, widowers, etc., at the different ages.

Between the ages of 20 and 30, more died among the unmarried; at some other periods, more died among the married. After many like comparisons, the author makes many deductions as to which period of life's ages were more favorable and unfavorable to the married and to the unmarried. But the fact is that the variable which he thus tabulated was not a causal but an accidental. Those who are most vigorous marry young, and therefore those who are married between 20 and 30 will be more vigorous and die in smaller proportion during those ages than the less vigorous who do not marry.

In some cases the tables of life statistics have for their *tonic note* the residence; and this again is often made a *tonic note* according as it is moist or dry, etc.

Sometimes a *habit* is the *tonic note* of the tables, and this single variable is allowed much more influence than should be attributed to it.

True, in some instances, very rare, two or three variables are included under a single view, and those who are alike in regard to all of them are compared to those who are dissimilar in several respects considered.

There are, however, many more essential variables than those affecting human longevity, and some of which are of much greater hierarchal consequence than those variables we have as yet named, and upon which the statistics have usually been based. A few years since, forty questions were put to all the very old people of Great Britain who could be reached.

But two were answered alike by all of them. One was in regard to the character of their ancestry, and the other was in regard to their period of rising in the morning.

All declared that they came of long-lived stock of good stamina, and all said that they were early risers.

The first fact given is a causal variable, and the second is an accidental; the early rising depending on the vigor of constitution, and not inducing it. Since feeble constitutions will not usually be invigorated, but enervated, by these early risings, which appear to agree well only with the very strong.

The Massachusetts life statistics afford a good example of the idea under consideration.

The judges of that State attain the highest average age of any vocation.

But it is one of the most laborious of vocations, and if it should be filled by lot from among the lawyers, the average of its length of life would not equal that of lawyers.

As it is, judges average over 66 years, and lawyers average about 56.

The fact is, the vocation variable is not the most important one; it is not the *sine qua non*, as some others are.

The constitution which will exhibit a good judicial brain will also possess the elements or the variable which promotes long life, although hard work is done.

What, then, are the important variables which should always be considered in studying and tabulating life statistics?

1st. The Natural Life, and that it has a life-time as one essential property or characteristic, which may be shortened, although it may not be lengthened beyond the period that naturally belongs to it.

It is quite impossible for us to think of life without also thinking of its duration, its time or period. Lifetime is an essential part of our idea of life. Yet we are apt, practically, to regard it as an accident, which will be longer or shorter, according to circumstances, and without regard to its natural or inherited variability. Hence, to most persons there is nothing contrary to possibility, nor absurd, nor ridiculous, in the statement we frequently see in the papers, that the veteran Jones, or Brown, or Smith, has died, at the green old age of one hundred and ten, twelve, fifteen, twenty or more years of age.

Whereas, no man has yet been found to have lived to be one hundred and five years of age, and it is believed no such monstrosity as a man one hundred and ten years old ever did or can live; and it would really be as unscientific at this advanced stage of biology to inquire if a person has lived that length of time, as it would be to inquire if the Cardiff humbug, eleven feet high, represented a real man, when a monster nine feet tall, from the very nature of the case, could not live an hour.

The reason that the natural lifetimes of people vary as they do is owing to their life-times being inherent in them, and a property or characteristic of their bodies, or at least of certain parts of their bodies.

I may here say that the different species of animals and

plants appear to have their natural lifetimes, peculiar and fixed, and it appears to be utterly impossible to evolve one from the other; more than it is in any one species to evolve a longer life from a shorter antecedent one.

It is found as a practical fact, that, while naturally short-lived descendants are derivable and derived too often from long-lived ancestry, not meaning by this merely parents, conversely it is not found that by any process naturally short-lived persons can be made to revert to long-livedness.

If now we ask what is the nature of life, in its essential characteristics, we shall find it assimilating secretion so closely in all particulars that there are no points of difference.

Wherever there is secretion there is life; wherever there is life there is secretion; the absence of the power of secretion where it existed is termed death; the same is true of life.

Wherever there is secretory tissue, it is the static of which secretion is the dynamic; life is also the dynamic of which secretory tissue is the static: in short, the two words seem to express the same idea, except that life suggests the contrast death, which secretion does not, while secretion allies itself, naturally and necessarily, with secretory tissue, while the relation of life to secretory tissue is less familiar, the alliance being recently noticed.

It will also be noticed, at least it is noticeable, that secretory tissue always has a natural lifetime, in which it alone of all things is comparable to life. We shall also find that those things which manifest life, however diverse in other respects, agree in this; they are in part constituted of secretory tissue.

A dog, a fresh-laid hen's egg, and a rose-bush are apparently dissimilar in all respects, but upon inspection prove to be similar in one particular. The rose-bush is constituted of secretory tissue and woody tissue; the egg of secretory tissue and amorphous substance; the dog of secretory, nervous, muscular, sinewy cartilagenous, and osseous tissues. One kind, and only one kind, of tissue is common to each, and also exhibits life. Is not the conclusion inevitable?

This illustration leads us to the 2d, Variable Ancestry:

If we analyze every variety of plant and animal we shall find that secretory tissue is essential to life, to the continuation of life; that secretory tissue passes from ancestor to descendant,

nor has there ever been a case in which life has ever been exhibited without the ever *sine qua non* secretory tissue.

The woody tissue of plants, their amorphous tissues, the amorphous tissue of the egg, or the five tissues named in the dog, to wit: the nervous, muscular, osseous, cartilaginous and sinewy, may exist without any antecedent tissues of their own kind. In the new-laid egg of the chicken, none of the five animal tissues are found; but ere the chicken is hatched they are all found, produced by the secreting tissue, which is potential not only to reproduce its like, but to introduce or create its unlike, to wit, the other tissues. In the secretory tissue the important power inheritance exists.

The animal is thus constantly evolved from the vegetable according always to its nature, by which we mean the series of antecedents and sequences which necessarily occur.

One thing that is always found to be a sequent is, that secretory tissue of any species does not produce a lifetime in its descendants in excess of the antecedent, not counting a single generation, but several generations together. For example, a man may not inherit the longevity of his parents, but may be, as it were, saturated predominantly with the longevities of his grandparents. In fact, a person takes after his grandparents more than after his parents as a usual thing, which is easily explained.

In all life statistics it is then of prime importance that the nature of life, its lifetime should be first considered, and facts similar in all these respects must exist in regard to the individuals of whom the statistics are to be taken.

In the second place, the ancestral record of all these individuals must be similar, both in regard to longevity and the classes of diseases with which they were affected at any time during life, and especially at their death.

3d. Variable: Constitution.

But as it has been seen that long-lived antecedents may yield short-lived consequents, it will be pertinent to inquire if there are any indications in the constitutions of animals and men which will show the degree, amount, or capacity of vitality and longevity, to wit, viability which they possess.

To a certain extent, this will be answered in the affirmative by every one; for every person will think himself at liberty to

distinguish between certain very inferior persons, and some whom he will think must be naturally very superior.

But most persons would, perhaps, be disinclined to think it judicious for them to assort men as they usually come before us, and to form them into classes, according to their probabilities of living.

Yet it is not difficult to distinguish the secretory tissues of the person which have a potentiality of living to be eighty or ninety years of age, from those which cannot survive a longevity of fifty or sixty years.

By general inspection, and rude measurement, at least some classes might be made which would be perfectly reliable for exhibiting long and short life, and which might serve as a basis for avoiding too unreliable life statistics.

For example, it will be found that if a person measures six inches between the temporal fossæ, and five inches from the sulcus of the nose to the orifice of the ear, he will be descended from ancestry of ninety years of age, on both sides of the house, and what to him is more important, has himself a very great probability of attaining to those years. Or if a person of mature years has thirty-six or thirty-eight inches or more girth of chest, and a trunk of twenty-seven inches length from the seat of a chair to the summit of the sternum, erect, the same probabilities are indicated.

Whereas if the measures mentioned are small, the possibility of long life is a nullity.

If time permitted, I might mention numerous minor indications which are entirely reliable for indicating the probable length of life within very limited margins in the case of every person.

These important variables just mentioned must be taken into consideration in estimating the effect of any other variable. For example :

The 4th, Variable : Habits,

Which are numerous, will have an effect upon one class of constitutions vastly different from that which will be produced in another class.

A class of hard drinkers, having naturally a potentiality of 90 years, might average a much higher age than a similar

number of temperate drinkers, or teetotallers who had not a natural viability above 50 or 60 years of age.

As a practical fact, it is very seldom that a person having a high potentiality for living long will become a hard drinker.

The 5th Variable :

The vocation of a person affords another example, that the original constitution is a *sine qua non* in correct and valuable life statistics.

Shoemakers have been known to follow their vocation until upwards of 90 years of age ; and without doubt, that vocation is not so injurious *per se* as it is esteemed. But it is usually chosen by the inferior lives, is pursued amidst unhealthy influences, and is often attended by tendencies to deleterious habits.

The 6th Variable :

Residence must be another example of the importance of considering the original constitutions of those upon whom the life statistics are made.

Persons of great viability will reside for years, and enjoy perfect health, in sections which would be deadly to those of less vigor. The statistics of census in regard to the ages of people in different sections of the country, and the number of deaths per thousand, do not usually indicate much that is valuable in regard to the tendency of a section of country to promote the length of life of a different class of people.

For example, a section of country really unhealthy in many of its tendencies upon people generally, if settled by people of great viability, would not exhibit its true character ; while on the other hand, a section of country really healthy might tell of many early deaths, and much sickness, of people by the naturally short lived.

It is therefore seen that more value in regard to life statistics has been expected from the census than can be realized.

The 7th Variable :

Intelligence enables a person to care for themselves, as the ignorant cannot or will not do. Yet it will often be found that the unkempt ignorant will be free from diseases which prey upon the more refined.

This also proves that not one variable but all of them which affect viability must be considered before we conclude that any

variable is important to life, or precisely what the measure of its effect is.

The 8th Variable is the instincts of a person.

These often induce him, unawares to himself, to select a vocation, or a residence, which is protective of his health and life.

It is seldom that a weakly person can be induced to choose the occupation of a farmer, exposed and laborious. Yet sometimes the circumstances in which a person is placed, and not his choice, determines this vocation for him.

Thus, when farming is almost the only vocation practical for a young man to enter, it will not appear to be as healthy as where other vocations offer to the instinct, or to the inclinations a wide opportunity for a choice. In this case the farmer's vocation will be found one of the most healthy in appearance, since only the most healthy and viable will then enter upon it.

We have thus glanced over the eight named variables, each and all of which are an influence so powerful in affecting the viability of persons, that neither can by itself be estimated. To know the influence of each variable, its effects must be estimated by taking cases in which the action of all the other variables are similar.

For example, if the ancestry, constitution, habits, residence, intelligence, and instinct of several lawyers and of several judges should be similar, it would be a fair test of the influence of their vacations upon longevity to take the average length of life of each group as a comparable criterion. It would thus be found, doubtless, that the average of the lawyers' ages would be higher instead of lower than that of the judges, as appears to be the case by the Massachusetts statistics.

It would not be thought proper by any one to average the length of life of the members of this association, for the purpose of determining anything, because it would be at once recognized that the circumstances affecting each are so different from that affecting the rest, that there could be no instructive result. No one would think of doing this thing. Yet there would be one common characteristic which has usually been found associated with great length of life. It is the love of science. This fact would doubtless be found so far

true, of this association, that the average life of the members of this association would, doubtless, considerably exceed that of the average of men. Yet this would be a very unscientific mode of reaching correct life statistics, since there would be such a diversity in the constitutions averaged, taking all the members together. About three-fourths of the association have an evident extraordinary viability, and about one-fourth only appear to be wanting in the requisite capacity for living, and will, therefore, require much make weight from the three-fourths if averaged with them.

As the years are not practically taken from the three-fourths, nor added to this one-fourth, the matter appears to be of little moment. Yet it is something more than gratifying, and quite up to the practical in several ways, for persons to be able to scientifically prewise for themselves a high average or probability of living, and each person has a right to the due allowance of his own probability unreduced by any incorrect mode of life statistics.

CLINICAL CASES.

By W. T. LAIRD, M. D.

CASE I.—Nov. 5th, 1872. Miss McL., æt. 25, for the past five weeks has been under the care of two of our most distinguished allopathic physicians, one of whom diagnosed her disease as cancer of the stomach, while the other frankly admitted that he was unable to tell *what* was the trouble. On two points, however, they were perfectly agreed: that the case was hopeless, and that the proper treatment consisted in large doses of morphine to allay the pain, and enable her to "shuffle off this mortal coil" as quietly and decorously as possible. This kind of "*expectant* treatment" not meeting the approbation of the young lady's friends, the doctors were dismissed, and a trial made of various patent medicines, and these also failing to afford the desired relief, homœopathy was called in as a last resort.

Learning that the patient had lately been taking all kinds of quack mixtures, I sent a single powder of *nux vom.* 2c. to antidote the drugging, and promised to call the following day.

A careful examination the next morning elicited the following symptoms: Great emaciation, weakness and exhaustion; face pale, lips bloodless; tenderness to pressure in epigastric region; constant burning pain in stomach, and occasionally severe paroxysms of sharp, cutting, knife-like pains, causing her to toss from one side of the bed to the other, in perfect agony, these paroxysms usually occurring shortly after midnight; very poor appetite; much thirst, drinks often and little at a time; vomiting immediately after eating or drinking; vomiting of pus, blood and mucus; sleep much disturbed; all symptoms much worse about 1 and 2 o'clock A. M.

Has had two similar attacks before, one a year ago and one last April, from which she slowly recovered under Old School treatment.

There was, however, no appearance of cancerous cachexia, and the history of the case seemed also to preclude the idea of malignant disease. I therefore diagnosed ulceration of the stomach, but gave a very guarded prognosis.

All the symptoms of this case are found under arsen., and the "characteristic" one belongs only to that remedy. Arsen. 2c. was accordingly prescribed, a few pellets in half a glass of water, a teaspoonful every three hours until relieved, then once in six hours.

Nov. 8. No vomiting since the first dose; pains not so severe; appetite better. Sac. lac.

Nov. 12. Improvement has ceased; more pain, some nausea, but no vomiting. Arsen. 2c.

Nov. 13. About the same yesterday. Arsen. 15m., 1 dose.

This prescription caused such a decided aggravation that the patient was thought to be dying, and I was summoned in great haste.

Under the use of that valuable remedy, sac. lac., the suffering soon subsided, and was followed by rapid improvement. No more medicine was given until Nov. 18, when, owing to indiscretion in diet, she was attacked by persistent nausea, which readily yielded to a single powder of ipecac 2c. The next day arsen. 15m. was repeated, a single dose, followed by sac. lac. This time there was a slight aggravation, much less severe than the previous one.

The patient was dismissed cured, Nov. 23, 18 days after the

beginning of treatment, and there has been no relapse up to the date of writing.

CASE II.—Sept. 11, 1872, Mrs. T., a washerwoman, on going to her work in the morning, left her little daughter Laura, æt. 18 months, in charge of an elder brother. The boy ran away, and on her return at night the mother found the child lying upon the floor, unconscious. She immediately called a physician, who diagnosed and treated the case as one of "threatened fever." The stupor increased, other alarming symptoms appeared, and on the evening of the 14th I was summoned to see the patient.

The child was lying upon its mother's lap in a state of unconsciousness; respiration normal, eyes sunken, pupils slightly contracted but responding to light; has eaten nothing for the past three days; swallows a little water when placed on the tongue, but vomits it again almost immediately; abdomen sunken; dry heat of the skin; sudden shrill cries; urine suppressed. Careful examination of the head failed to show any trace of injury, and the mother assured me that the little girl had previously been perfectly healthy. Gave apis 2c. in water, a dose every three hours. Prognosis very unfavorable.

Sept. 15th. Child rallied from stupor soon after taking the third dose; begins to notice things, and has taken a little nourishment. Continued the medicine, once in six hours.

After this, the improvement was rapid. Relief of the cerebral symptoms was followed by œdema, first of the face and afterwards of the body and limbs. Apis 2c. was continued at lengthened intervals until Sept. 20th, when the following symptoms appeared: heat of the head, with coldness of the extremities; pupils dilated; rolling of the head, moaning and sudden starting during sleep; sleeps with eyes half open; great drowsiness; much thirst. Bell. 2c.

Sept. 22. Dismissed cured.

CASE III. July 19, 1873, Mrs. H., primipara, for the past twelve hours has suffered with severe intermittent, cutting pains from right to left in umbilical region; with every pain, jactitation of body and limbs, weeping and loud cries; much rumbling of flatus in left iliac region; loud eructations. Examination *per vaginam* showed the os to be well dilated,

the head presenting in the left occipito-iliac position. Gave lyc. 2c.

In twenty minutes, the above symptoms were all relieved, regular "labor pains" commenced, and in less than an hour she was safely delivered of a healthy female infant weighing twelve pounds. A few doses of arnica 30 were given to relieve the muscular soreness and control the after-pains. The patient made a rapid recovery, and was dismissed on the third day.

Aug. 14, she called at the office to get some medicine for a "broken breast." An abscess had formed and discharged near the right nipple, leaving an irregular fistulous opening, half an inch in diameter and three-quarters of an inch in depth. There was an abundant discharge of thick, offensive pus. The pain was temporarily relieved by hot applications and by wrapping the breast up warmly. Had been using hops, bread and milk poultices, etc., but without benefit. Ordered a discontinuance of all local applications, except a dressing of simple cerate, the milk to be drawn twice a day, and a dose of silicea 200 to be taken internally, night and morning, the patient to report in ten days.

Aug. 25th. Discharge has entirely ceased, the opening is filled with healthy granulations, and new skin is beginning to form; no pain or inconvenience when nursing. Dismissed.

CLINICAL CASES.

By H. P. PATRIDGE, M. D., of N. Y. City.

NUX VOM. IN INTERMITTENT FEVER.

CASE I.—Man, æt. 21, quotidian four months; chill begins in the knees and back. Nails are blue, thirst before and during the chill. This stage lasts from one to two hours. Hot stage has no thirst, but profuse epistaxis from right nostril during hot stage, which lasts one hour. Sweating stage is wanting. Stated that he had been treated by four allopathic physicians at different times, without effect. Nux vom. 1000 was ordered to be taken night and morning, a few pellets in prescription sac. lac. Reported in six days that he had a slight paroxysm the next day after taking the first powder, and no more since.

CASE II.—Woman, æt. 23, intermittent fever, tertian. Had it last summer; commenced again two weeks ago. Chill lasted half an hour. Heat stage lasted ten minutes; severe headache. Sweating stage lasted one hour. Nux. 1000. Reported in a few days that she had not had a paroxysm after taking first powder, but had little appetite, with debility. Nux v. 94,000 completed her cure.

CASE III.—Boy, æt. 13. Was called while he was having first paroxysm this year (as I cured him of intermittent fever two years ago with sepia 500). Chill now commenced at 11 A. M., lasting one hour; nails blue. Was in hot stage when I arrived. Gave nux v. 1000, to be taken, a powder dry, night and morning. (This was Monday.) Reported Thursday that he had had only one paroxysm since, but an eruption had become very conspicuous upon and around the lips. Continued nux v. 1000 every night. His mother told me five weeks after that he had only one paroxysm after taking first dose.

CASE IV.—Woman, æt. 30, intermittent fever two months. Tertian chill, commencing at 7 A. M., lasting twenty minutes. Sweat nearly all day. Headache so that she was obliged to lie down. Nux v. 1000, night and morning. Did not have another paroxysm after taking first powder. I can state, further, that nux v. high has not failed in a single case, but has cured numerous other cases I have not mentioned in the remittent and dumb forms of ague. May 28, 1873, was the first I ever used this preparation in ague, and happened to try it on account of the *blue nails*. Whether it will act as well in the future epidemics of ague having the characteristic type of the present, or not, is questionable.

MEDICAL CLINIC.

By Prof. S. LILIENTHAL.

William C., about forty years old, carpenter, a dirty, florid-looking species of humanity, comes into the clinic on account of a skin trouble. He has just arrived from New Orleans, and brings a prescription with him, containing arsenite of potash

and iodide of potash. He acknowledges himself a hard drinker, and to be dirty in his habits.

After undressing, we find on his abdomen and chest, upper and lower extremities, patches of a fawn-color, slightly elevated at their edges, dry and rough to the touch, from which brawny scales can be rubbed off. He does not complain much of itching. The patches vary in size from a quarter of a dollar to the size of the palm of the hand and over. He denies syphilis *in toto*, and remarks that every physician has asked him the same question.

Our patient suffers from chloasma, pityriasis versicolor, or, as some call it, tinea versicolor. It is a fungoid disease, produced by the implantation of the microsporon furfur, a disease frequently mistaken for secondary syphilis, but the latter never produces such extensive fawn-colored stains, and syphilitic stains are of a deeper color, and are without desquamation; the parasitic element is also absent. All concomitants of syphilis are also absent in our case.

Hard drinking and uncleanness are the cause, temperance and cleanliness the remedies. We would advise the patient to take one or two Turkish baths a week, to get rid of the greasy matter in the skin; to wash his body daily with soft soap, and apply to the spots hyposulphite of soda dissolved in water (four drachms to four ounces of water). The Germans call this disease "leberflechte," and we all know the effects of strong drink on the liver. Nitric acid has gained some reputation in the diseases of hard drinkers, as well as in hepatic complaints, so that some physicians ascribe to it a specific influence upon the liver.

To remove the disposition for strong drink, arsenicum, lachesis and angelica atropurpurea are recommended. Baryta carbonica follows well, as the premature old age, the general debility, and the raw, dyspeptic feeling in the intestinal canal point to it. We begin our treatment with the external use of soapsuds and the internal use of nitric acid 1-10th, five drops three times a day, to be followed probably by arsenic.

John C., 24 years old, marble cutter, complains of a dull headache, beginning near the left mastoid process, spreading upwards to the left frontal region, and then engaging the whole head with aching pains in the eyes. It is a dull, aching

pain, with some dizziness, and an inability to concentrate his mind. Perfect lassitude; he has several times tried to work at his trade, but finds every exertion too much. He cannot sleep; after lying down, it seems to him as if his eyes would not shut, and even if he dozes a little he does not feel refreshed by it. Bowels regular, appetite good enough for one who does no work. He has not felt well for the last six months. Asked for the cause of his troubles, he acknowledges disappointment in a little love affair as the cause, and, though he thinks to have passed the ordeal, still his health does not return.

Depressing emotion, a kind of melancholia has settled over our patient, showing itself especially by *sleeplessness, lassitude* and *debility*. Our remedies for unhappy love are hyosc., ignat., phosph.-ac. We would choose the first one if our patient were of a jealous nature, if he were restless: in fact, there is no nervous irritability about our patient, as far as we can perceive.

Ignatia seems more of a simile; his unhappy love is more accompanied by grief. We have here the unilateral headache affecting chiefly one side of the head and the eye; a disposition taciturn and sad; sleeplessness, or deep, unrefreshing sleep; indifference and apathy, with indisposition to work, and even the features of our patient hint to languor and feelings of exhaustion. We prescribe, therefore, ignatia 30, a dose every morning, for experience has shown that ignatia given at night increases the sleeplessness and restlessness.

Ch. H., 26 years old, a student of theology, complains for the last twelve months of a cough, which causes him great anxiety of mind. He served in the German army his regular time, but was not exposed to the hardships of war. He coughs most in the evening and in the morning, when his cough is dry and painful, but moist and without pain during the day. The expectoration during the day is white and foamy, but tougher in the morning, sometimes even to him of a disagreeable taste and odor. One of his cheeks is red, the other rather pale. No stitches, no pressure in the chest, but only a disagreeable sensation which he cannot describe. He is easily tired, and says that he lost flesh. Pulse 80, soft. Adspersion reveals both sides equal; he raises up the chest equally during a long inspiration, but this irritation causes

him to cough. Auscultation reveals coarse mucous rale over the upper part of the lower lobe of the left side (the part where he complains of the pain), and less so over the middle and lower lobe of the right lung. Sleeps good, no night sweats. Has always been a small eater, and has less appetite now. Bowels rather inclined to costiveness. No hereditary family complaint could be elucidated.

The question before us, and it is an important one for the patient, is, does he suffer from consumption, and are his days numbered? He comes here for a fair, candid reply, and is ready to hear the worst. Forty years ago, when I was a medical student, my teachers made the clear distinction between phthisis pituitosa and phthisis tuberculosa, and the same distinction holds good to this day. Most people know only the latter, and still the former is just as frequent, and many a pneumonia (so-called) ends in phthisis pituitosa. Our patient suffers from chronic bronchial catarrh and bronchorrhœa, and there certainly must already some bronchial dilatation have taken place, because the secretion seems to become decomposed during the night, and we hear, therefore, our patient complaining of foul taste and odor of the expectoration in the morning. The bronchial mucous membrane seems to be relaxed, the bronchi dilated (large and small vesicular mucous rales), and the muscularis in a sub-paralytic state. But Niemeyer says that "the greatest danger for the majority of consumptives is that they may become tuberculous," or, in other words, that tuberculosis may be added to the consequences of a broncho-pneumonia: a proposition denied by Buhl, Lebert, and other writers, and with good reason; but Niemeyer gives facts to prove that inflammation precedes or produces tubercle. We rather side with those pathologists who consider tubercle a disorder of malassimilation primarily, thus affecting the lymph glands, and only secondarily becoming located in different organs. In tubercular phthisis one of the earliest symptoms upon physical exploration is a sinking in under the clavicles, increased dullness over the apices, a symptom absent in our case, where the lower lobe of the left side is especially affected. The expectoration is also thinner and whiter than in tuberculosis; hectic and emaciation belong to both, although it is more outspoken in tuberculosis.

Tar-water inhalations are a favorite prescription with us in those chronic bronchial troubles, and the dose is certainly small enough to be called homœopathic. A teaspoonful of North Carolina tar is put in a pitcher of water, and after standing some time the water is heated for inhalation. The pitcher may be refilled day after day, and still the water takes up enough to show its beneficial action. Bronchorrhœa and lycopodium suit one another, especially where we have foul-smelling expectoration. Phthisis pituitosa is its sphere of action, whereas we can hardly expect any benefit from it in phthisis tuberculosa. Silicea is another grand remedy. Kali-bichrom. can only be indicated where the expectoration is tough, semi-membranous, which is not the case with our patient. Phosphor. acts as an analepticum and tonic, especially where there is much constitutional irritation.

Mary C., 42 years old, menses begun early. She complains now of a severe pain, beginning in the left mastoid process, and moving upwards to the left temple and all over the forehead. The pain is a stinging, burning pain, and in the middle of the forehead the small veins are all injected. A few weeks ago she had a doughy, soft swelling on her scalp, which passed away leaving no trace. Her menses are still regular, but scanty. Bowels rather costive, but this, she says, is natural to her. Her mind is depressed, inclined to melancholy, and she is afraid of having an incurable disease. (A gentleman of the graduating class proposed sepia.)

Meyer, in his study on sepia, tries to explain the symptoms of sepia on the hypothesis of a primary *portal congestion*. As a remedy for organic or functional disorders of the female sexual organs, sepia certainly takes a high rank, especially where we find all symptoms pointing to such portal congestion, as constipation, piles, yellowish complexion, etc. We fail to see the similarity of sepia to the symptoms of our patient, and let us therefore study apis mel., which certainly has the stinging, burning pains of which she complains, the relief from open air and cold application (sepia has aversion to open air and cold washing). She also says that she feels worse in the evening (sepia has remission in the afternoon); and the mental depression of which she complains is certainly as well found under apis as under sepia. We give apis 2c., a dose morning and evening.

H. C., nearly 12 years old, but small and thin for a boy of his age, is brought to the clinic by his mother. When quite a baby he was vaccinated, and never has been well since, although all his brothers and sisters are robust and enjoy good health. Two years ago he was revaccinated, and it took well. A few months after the first vaccination, he broke out all over his head and face with an eruption, and a foul-smelling discharge oozed constantly out under the crusts. A doctor prescribed a lotion, the mother tried Rochelle salts, senna and manna, *et id omne genus*, and finally the eruption disappeared. Five years ago he was attacked with severe earache and running from the ears, and it has never left him since. During the paroxysm of pain he keeps everybody awake in the house by his screaming and yelling. He also complains of a dull headache from temple over the forehead, to temple, of which he is hardly free at any time. Appetite good, bowels regular, and sleeps well when free from pain.

We very well know that the physician usually gets the blame if a scrofulous child breaks out with scrofulous symptoms after vaccination, and in most cases it needed only this stimulus to rouse up the latent virus to immediate action. Still, I beseech you to use the utmost caution in the selection of your vaccine matter; and, of late, most physicians prefer on that account cow-pox virus, although humanized vaccine matter takes far more readily, and the febrile symptoms are never so severe. In our case, I incline to the opinion that the vaccine virus was a poison in reality, and is the cause of his undermined health, especially as the other members of the family enjoy good health.

In the treatment of *tinea capitis*, we have to join local treatment to constitutional treatment. I mostly use at night carbolized glycerine or cosmoline (vasoline), and anoint with it the patient's head, after having nearly shaved off all the hair on the affected part. I enjoin the patient to wear a night-cap, in order that the crusts may become well softened. In the morning, and in bad cases twice a day, the whole head is thoroughly cleansed with a decoction of Burdock leaves (*arctium lappa*), or with a decoction made of bran and water. In some stubborn atonic cases, Castile soap might answer better, as they need the irritation produced by the potash. Internally the

antipsorics sulphur, baryta carb., especially where the glandular system is also affected, calcarea carb., act well, but they must be given methodically for a long time, so that scrofulosis may be eradicated. We give our antipsoric once or twice a week, and use during daytime several times a middle dilution of lappa. Vinca minor also gained some reputation, especially where the oozing moisture mats the hair together.

In looking at his present state, we keep the otorrhœa, the earache and headache in mind, but still we must not forget the cause, and therefore thuya and silicea stand as antidotes to the sequels of virulent vaccinations before us. We find in thuya: dull, drawing pressure across the forehead, as if a load descended; furious pressing on both temples, from without inward, as if the brain would be pressed out; heaviness of the head; in the evening, when in bed, a terrible hammering and tearing in the ear until after midnight; spasm in the inner ear, a sort of compressing and dragging, followed by a flashing stitch, mostly in the evening. But silicea gives us also the otorrhœa, whereas in thuya we find mostly only dry eruption. We will give him now thuya, but must finish up the case with silicea.

Franz K., 24 years old, a florid-looking young man, married over two years, complains of lightness of head, and of fits, which attack him when sitting quietly and reading, or when lying in bed, so that he may fall down; but he recovers himself immediately and feels well again. He has the sensation as if something were blowing upwards from the pit of the stomach to the brain, and then falls over. Whenever that sensation comes over him, and he has time enough to get up and walk about, it passes over without coming to a fit. Lightness of head and vertigo are constant complaints with him, but they do not prevent him from working at his trade of piano-maker, as he never had a fit when bodily occupied.

We have here to do with the *petit mal* of the French, from which the *grand mal*, a fully developed epilepsy, may take its rise. This blowing sensation from the pit of the stomach gives us the picture of the aura epileptica, but we cannot stop the fit, as we can do in the extremities. The lightness of head is characteristic of cocculus; it gives us also: vertigo with nausea, and falling down without consciousness; thinking

fatigues the head; pain in the head, as if it were empty and hollow. Let him take a dose of cocculus 6th every morning, and report.

John C., 31 years old, mechanic. Eight years ago had chancre, and took a great deal of mercury. After he was cured of chancre, he took to hard drinking, which he kept up for seven years. About a year ago, and the day following "a big spree," he was taken with spasms. They began by something coming up into his throat which seemed hot, and then he would go off into spasms. He remained perfectly *conscious* all the time, and suffered excruciating pain. The physician who attended him considered them the effect of bad whiskey, and told him that if he ever drank again it would come up in his throat and kill him: "and it is all coming true," he says, sorrowfully. The medicine prescribed by his physician seemed to aggravate the case, and to bring on the spasms more frequently than before. Ever since he has been running down, or, as he says, "sweating himself away." He has just returned from Canada, where he has taken his family. Patient is despondent, and full of sorrow on account of his family. He has made the round of all the clinics in the city, and comes to us a confirmed hypochondriac, especially as one of the clinical teachers told him he could not live a great while, and that medicine could do him no good. He has lost all courage, and although his appetite is good, yet the food fails to become a nourishment. Bowels regular. He says that he has quit drinking entirely, but still smokes off and on. He has complete atrophy of the sexual organs. He complains of pains in his head, and a darting pain in his head and eyes. His throat feels always sore, and all the nerves of his chest are shattered: in fact he considers himself a dying man. He feels better when he is moving about, and where there is gaslight.

We see before us the effects of bad liquor, of those poisons which gradually undermine the health of many of our citizens. I need not remind you of the many diseases to which the potator is liable: to the fatty degenerations, to the diseases of the liver and kidney, to the decomposition of the blood and of the nervous fluid. His present disease began with spasms which, at any rate, were not epileptic, for he assures us that

he never lost consciousness, and that during the spasms the pains were excruciating. Perfect consciousness, increased sensitiveness and extreme suffering are rather the characteristics of tetanic spasms, and we need not wonder that after they passed off he now feels his whole nervous system shattered. The burning soreness in his stomach and throat is easily explained by a former state of chronic gastritis, soon followed by a state of atony. His mental condition only allows an unfavorable prognosis; the patient has ruined his vitality, disorganizations have taken place in his vital organs, and he has to suffer the penalty of his transgressions.

Let us see what remedies we have to palliate the symptoms as given by our patient: *Nux moschata* gives us only that intense nervous excitement which so frequently follows continued debauchery. In *baryta carb.* we find diminution of sexual desire, and great weakness of the genital organs in persons addicted to the excessive use of stimulating drinks. *Ranunculus bulbosus* also has some characteristic symptoms for the removal of bad effects from the abuse of intoxicating drinks, as the lassitude and ill humor, trembling of the limbs, congestive headaches; but the spasms are of the tetanic kind, and therefore none of these remedies suits the present case. We rather think of *nux vom.* and *cocculus*, two poisons with which the common liquors are so often adulterated. His tetanic spasms certainly hint at *nux vomica*, as we find it indicated for the chronic ailments from the abuse of spirituous or narcotic substances, and for hypochondriasis, and in the muscular spasms of such patients, our mind will necessarily concentrate on the *strychnos* family. Even all his symptoms at the present moment point to *nux vomica*; still, his mental symptoms lead us more to *lachesis*, where despondency and discouragement are so graphically described. Mind and body have lost their elasticity. It gives us also the darting pains in the head and eyes, the burning in the throat, with the sensation of a plug, the gnawing in the stomach so often mistaken for hunger, and we feel therefore inclined to begin our treatment with a dose of *lachesis*, without expecting any favorable result.

Dr. T. H. Mann publishes, in the *American Journal of Homœopathic Materia Medica*, some very instructive cases of

the use of hot water in uterine hemorrhage. It is, at any rate, a remedy nearly always at hand, and in the hour of need such a procedure gives us time to collect our thoughts, and to give the right remedy to insure success. But the use of hot water deserves far more consideration. Prof. Bock, of Leipzig, considers it *the* remedy for many cases of dyspepsia, and advises his patient to drink a glassful of hot water (not tepid, but hot) whenever there is a fullness, a bloatedness in the gastric region. We have used it frequently, with good palliative results, in gastralgia, and in colics, of whatever shade, we consider it one of the best palliatives. We use it by the mouth, and *per anum*; with an elastic syringe we can throw water even into the small intestines, and by their evolution of heat the spasmodic action is diminished. In the so-called asthma from bronchial dilatation, drinking or inhalations of hot water gives more palliative benefit than any remedy we know of. Whereas, such a patient has to cough for hours, till the inspissated mucus becomes softened enough to be expectorated, especially after waking up in the morning. We relieve him nearly instantaneously by the use of the hot vapor. We also advise such patients to drink a glass of hot water before going to bed, and we always found that by such a procedure, the sleep is more quiet, and they wake up more refreshed. Even in the simple nervous asthma we consider it worth a trial.

REPORT OF SURGICAL CLINICS HELD AT THE NEW YORK HOMŒOPATHIC MEDICAL COL- LEGE BY PROF. WM. TOD HELMUTH.

By C. E. VAN CLEEVE.

(Continued from page 440, December number.)

Nov. 22, 1873. Case No. 20 (continued), DIFFUSE ADVENTITIOUS BURSA.—Much better, under local application of cantharides and continued pressure. Treatment continued.

Case No. 13 (con.), BURSA.—Much improved, less crepitation, under croton oil to blister, and internal administration of iodide of potash. Continue iodide of potash.

Nov. 29. Crepitation at wrist has entirely disappeared, but the bursa at little finger, not yielding to previous treatment, was dissected out.

Case No. 30, HYPOSPADIAS.—Henry M., *æt* 6 years. The first step of the operation for the removal of this condition is to re-establish the urethral opening anterior to the seat of the affection. This must be accomplished by means of a *blunt probe*; otherwise, extensive laceration may occur. The adhesions must be prevented from recurring. The second step can be performed after a few days, and consists in the occlusion of the hypospadias with sutures, and the introduction of a catheter, to carry off the urine so that it does not come in contact with the inflamed parts. The operation is not always successful.

Case No. 31, RE-AMPUTATION OF FINGER.—Nancy F., *æt* 48. Necrosis of bone of third finger of right hand, resulting from a fall. Nine weeks ago, amputation was performed by Dr. Thompson, the case being treated at the College Dispensary. The disease has recurred. Amputation is now necessary, a second time. In amputations, leave sufficient flap to prevent retraction. Dr. Thompson then re-amputated at the meta-carpo-phalangeal bone. (The Professor described Esmarch's new method of preventing hemorrhage in amputations. A full account of the operation will be found in the last number of this JOURNAL.)

Dec. 6. Necrosis still showing in the stump, although the operation was well performed. Mal-nutrition of bone the cause. Presc. *silicea* 30, once a day.

Case No. 32, SPECIFIC ULCER.—Jane S., *æt* 27. Six years ago fell upon her knee. Immediately afterwards there were no alarming symptoms, but in a short time the knee began to enlarge, and the disease commonly denominated *white swelling* resulted. This state continued until one year ago, when an ulcer appeared on the anterior surface of the leg, below the patella. This ulcer has now reached the size of a man's hand, and is spreading rapidly. Has profuse fetid discharge. Patient has bone pains at night, and headache; has had sore throat, and had, some time since, an ulcer at ankle-joint of opposite leg. The appearance of the ulcer, together with the above symptoms, are sufficient indications of syphilitic taint.

Prescribed iodide of potash, *grs. ij.*, four times a day, internally, and topical application of carbolic acid spray (Lister's sol.). In this case, the constitutional taint was inherited from the father. Among the antidotes for the syphilitic poison, iodide of potash is certainly one of the very best.

Case No. 33, DOUBLE SCROTAL HERNIA.—J. E. H., *æt* 5. Has double oblique inguinal hernia, which has become scrotal. Cough impulse perceptible, tumor opaque, congenital. Hernia may be confounded with hydrocele, which may also be congenital. The following are a few of the points of differential diagnosis:

CONG. HERNIA.

1. Appears from the top of scrotum.
2. Is generally opaque.
3. Has cough impulse.
4. Testicle felt at bottom of scrotum, distinct from tumor.

HYDROCELE.

1. Appears first at bottom of scrotum.
2. Is more or less translucent.
3. Has none.
4. Testicle scarcely felt, if at all.

The testicle, in its descent through the inguinal canal, may lodge at the ring and simulate hernia. To determine whether this be the case, interrogate the scrotum. Taxis was employed, and the hernia readily reduced. An appropriate truss was ordered, and *nux vom.* given internally.

Case No. 34, NECROSIS IN OS FRONTALIS.—Geo. R. M., *æt* 51 years. About twenty months ago, there appeared, from constitutional causes, at a point one and a half inches above left temple, an abscess, which increased until it became the size of an egg. Slough came out, and the abscess remained open, suppuration continuing. This morning a sequestrum about an inch square was discharged, consisting of the

external table of the bone, the underlying diploë presenting healthy granulations, with profuse secretion of fetid pus.

Ordered the parts dressed with Lister's sol. carb. acid, and, to be taken internally, silica 200. Care must be exercised to keep the hair from the wound in all injuries to parts covered with hair.

CASE NO. 35, ENLARGED BREAST IN BOY.—John W., *æt.* 9. Two years ago, without known cause, the left breast began to enlarge, with burning, stinging pains, worse at night and in damp weather. The breast is soft, and nearly as large as a woman's. There is neither hardness nor soreness.

Phos. 30 was prescribed, it being peculiarly adapted to such cases.

CASE NO. 35.—ELIZA A., *æt.* 17 years. Has pustular eruption on middle finger of right hand, caused by wearing a ring. Eruption appeared about two years ago. Commences as pustules, which degenerate into a squamous condition. Burns after scratching. Resembles impetigo.

Sulphur every night and morning.

CASE NO. 37, ENCYSTED HYDROCELE.—Harvey D., *æt.* 6. The tumor in scrotum was first noticed about three months ago. There is no cough impulse; testicle distinctly felt at bottom of scrotum; translucency distinct when applying a lighted taper; the pains are paroxysmal, so that he screams from their motion. Exploring needle is followed by exuding of serous fluid. Hydrocele in children may be cured by puncturing to allow escape of fluid, and the internal administration of medicine. In adults, however, an injection of iodine or a seton is usually necessary.

Prescribed rhododendron 30, night and morning. The sac was punctured.

CASE NO. 38, ENORMOUS CONDYLOMATOUS ENLARGEMENT OF CLITORIS, WITH EXTENSIVE CONDYLOMA OF VAGINA AND ANUS.—Martha P., *æt.* 30 years. Been married three years; has three children. Contracted syphilis from her husband. This case is a most remarkable one. The nymphæ are enormously enlarged, and project beyond the external labia, which are also swollen. The clitoris is singularly cylindrical in shape, having a length of three inches and a diameter of one and one-half inches. Several pediculated condylomatous growths, varying in length from one to three inches, appear, arising from the labia minora. The perineum is thickly studded with these growths, which extend backward to the anus. Complicated with this affection, are painful external hemorrhoids. Goes for weeks without an evacuation; is in constant distress. Prescribed thuya 3, *gtt.* v. three times a day, topically:

R Thuya, ʒj.

Aqua, oz. ij.

M.

Farinaceous diet ordered, also sitz bath night and morning, after which the above application is to be made. Must be kept quiet and in recumbent position. If these means are not productive of good, surgical measures will be resorted to. The use of nitric acid and the bichloride of mercury in the treatment of such diseases was pointed out.

Nov. 29th. CASE NO. 13 (*con.*).—Bursa at little finger dissected out, it not having yielded to previous treatment. Crepitation at wrist gone.

CASE NO. 39, EXOSTOSIS OF INF. MAX.—Mrs. P., *æt.* 34 years. About a year ago there came a swelling on left side of face just anterior to and below the ear, accompanied by neuralgic pains, which were worse in damp weather. Has carache constantly. Has had diseased teeth, which were extracted. It was very sensitive, especially at one point. Has grown steadily to the present time.

Prescribed Hecla lava 3, three powders daily for a week.

There are two forms of exostosis: cancellated and ivory; the former usually attacking the epiphysary ends of the long bones; the latter, by far the most formidable, appears in the flat bones, especially those of the head and face. The causes are constitutional, rarely local. In the case above cited, the predisposition already existing, the decayed teeth may have been the exciting cause, while the neuralgia may have been the result of pressure of the tumor upon the *pes anserinus*.

Case No. 1 (*con.*), NECROSIS.—For the last week, has not been improving. Is alternately better and worse. Within the past two weeks, several spiculae of bone have been discharged from the wound. Were these portions larger, the indications would be more favorable. Recommends scraping the bone, to which patient objects.

Prescribed silica.

Case No. 40, POTT'S FRACTURE.—Chas. J., *æt.* 26. Right leg injured three months ago by falling plank. Began to swell, the swelling going and coming every week. There is considerable pain, which is greater in damp weather. Has had a fracture of the lower third of the fibula, with partial rotation of the astragalus, and rupture of external lateral ligament. The foot is somewhat everted. There is some deformity and stiffness of the joint. Ordered an elastic stocking for the leg, and prescribed arnica externally and internally. The prolonged use of too strong a solution of arnica will often produce a condition closely resembling erysipelas.

Case No. 28 (*con.*), ANCHYLOSIS.—The operation has been productive of great good. Can now masticate her food, which she has not done for nine years. Cicatrix remains, which in time it will probably be necessary to dissect out. Movement of jaw must be kept up, and, to prevent contraction, she must have inserted between her teeth wedges of hickory wood. Dec. 6, much improved.

Case No. 11 (*con.*), SEBACEOUS CYST.—The tumor at middle third of clavicle, which one month ago had the appearance of and was diagnosed as enchondroma, has now become much more yielding, and is thought to be a sebaceous cyst. It was carefully dissected out, yet with some difficulty, as it penetrated to within dangerous proximity to sub-clavian vessels. Another method of removal is by suppuration, which can be induced by means of seton. Wound dressed with carbolic acid.

Case No. 41, FOREIGN BODY IN WRIST.—Kate M., *æt.* 20. Two weeks since, a crochet needle entered radial side of wrist, and was broken off. An effort had been made to remove it, but failed. She comes now to the clinic. The needle can not be felt. Was directed to allow it to remain, under the supposition that it may make its appearance at the surface, when it could be easily removed. The point of exit and point of entrance of such bodies are often widely apart. It is useless in this case to make incisions around the point of its entrance.

Case No. 42, ADVENTITIOUS BURSA.—Mary H., *æt.* 16. Adventitious bursa at ulnar side of left wrist. Contains transparent fluid. Passed a seton.

Dec. 6. Case No. 43, ANKYGLOSSIA.—Andrew B., *æt.* 5 years. Can protrude the tongue quite well. Can only speak the word "mama." Examination shows frænum too short. Care must be exercised in performing this apparently trivial operation: first, lest dangerous hemorrhage occur, and, second, lest a too free incision allow the tongue to fall backward, producing suffocation. Cases are recorded where death has resulted from each of these causes.

The operation can be performed with either a curved steel-pointed bistoury, or with probe-pointed scissors. If a bistoury is used, cut from behind forward.

Operation performed with a bistoury.

Case No. 44, PHYMOSIS.—John C. M., *æt.* 37. Acquired phymosis. Can not retract the prepuce at all. Is of several years standing. Has produced spermator-

rhæa. Operation performed by drawing forward the prepuce, and with the scissors cutting it across. The mucous membrane was then trimmed off, and the cut surfaces of integument and mucous membrane approximated by means of silver wire sutures, so that adhesions would then unite the mucous with the cutaneous surfaces. Among the causes of phymosis are wounds, gonorrhœa, syphilis and balanitis.

Paraphymosis, a state exactly opposite to the preceding, is often caused by the successful retraction of phymotic prepuce; or, as with phymosis, it may be caused by gonorrhœa or chancroids. If this condition is allowed to continue, gangrene may result. Paraphymosis can often be reduced in the following manner: After a thorough application of sweet oil, place the ends of the thumbs against the glans, in front, while the index fingers are pressed upon the prepuce laterally behind the point of constriction. Then, by bringing the fingers forward, while the thumbs exert a counter-force upon the glans, the reduction is accomplished. When reduction can not otherwise be performed, slitting through the point of constriction may be resorted to.

Case No. 45, FISTULA OF CHEEK.—Mary M., æt. 8. Fistulous opening on right cheek, caused by scrofula, with enlargement of the glands of the neck. Pus exudes; face pale; has scrofulous cachexia. Has pain, which is worse at night. Loses flesh. In persons afflicted with scrofula, there is always a tendency to leucocythæmia. Probe discovers no caries. Prescribed calc. 30, twice daily. Baryta also is often indicated in this condition.

EIGHT YEARS WITHOUT EATING.

REMARKABLE CASE OF ABSTINENCE FROM FOOD.

There is a young woman named Mary Fancher, residing at the corner of Gates Avenue and Downing Street, Brooklyn, who has, it is asserted by her physician Dr. S. F. Speir, taken no food for eight years. She is twenty-five years of age, bright and intelligent. As a girl, she was a close applicant to her studies, and was wont to abandon her meals to ponder over her books, until the strain upon her intellectual and physical strength overcame her. She also sustained injuries by being thrown from a horse. Subsequently she fell off a Fulton Avenue car, and was dragged along the street for a distance of forty feet by her crinoline catching in the car. She was then afflicted by absolute nervous prostration, and has since been confined to her bed. Her legs are twisted, and her hands are drawn up behind her head. She sleeps but little, and is said to be endowed with clairvoyant faculties. She works embroideries in colors with great facility, and has made slippers and smoking-caps with initials worked in them. The doctor is positive that there is no deception in the case, and has used every effort possible to detect any sign of imposition, but to no purpose. The case has baffled the skill of hundreds of physicians who have examined it.—*Brooklyn Paper*.

The New York Journal of Homœopathy.

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WM. TOD HELMUTH, M. D., T. F. ALLEN, M. D.,
S. LILIENTHAL, M. D.,

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CARLE & GRENER, No. 23 Union Square, N. Y.

"Thine own mouth condemneth thee, not I."—Job, viii, 6.

"In our opinion, a great deal of talk of elevating the standard of medical education which is so popular in all schools is, in political language, buncombe." So says the *Medical Union* (page 205); and we perfectly agree with it, that a great deal of what its editor or editors said about medical colleges, as well as about the newly appointed State Board of Examiners in Medicine, is *bona fide* buncombe.

Let us deal fairly, one with another, and let us find out where is the most buncombe. It really seems as if some members of that State Board intend to array themselves in hostile attitude against the colleges as they are, and try to annihilate them, instead of working in harmony with them. Is this wise management, or is it only intended for buncombe?

We wonder whether these members of the State Board are F. R. C. S., or F. R. C. P. and S.; as certainly, according to their own acknowledgment (*Med. Union*, p. 229), their medical diplomas cannot be considered as certificates of pro-

fessional scholarship, and are not worth the parchment they are written on; they cannot be evidence of their learning and ability, especially as in charming gratitude they consider their teachers who granted these diplomas unqualified and incompetent persons.

An editor ought to know what he is writing about, or he must take the consequence of being called to account. We read in the *Medical Union*, page 229: The Faculty who teach are also the examiners who pass upon the qualifications of the student; and when the Faculty grants a diploma, they certify, not only to the ability and learning of the candidate, but also to the learning and ability of *themselves*. Thus it happens that degrees are easily obtained.

In the name of the New York Homœopathic College, and in the name of the New York College for Women, we declare this a gross error, as far as these two colleges are concerned. One of the editors of the *Medical Union* is a member of the Faculty of the New York College for Women, and ought to know better the statutes of this institution. *Neither Faculty has any right to grant a diploma.* The Board of Trustees grants the diploma, after a searching examination by a *Board of Censors* WHO CANNOT BE MEMBERS OF THE FACULTY. The examination and recommendation of the Faculty amount to nothing till the Board of Censors examine and certify to the abilities of the candidate. Such falsehoods would be really amusing were they not disgraceful!!

The editors of the *N. Y. Medical Union* also ask the pertinent question: What are the medical colleges—are they the masters or the servants of the profession? And they answer this to their satisfaction, that *they are in fact the SERVANTS of the profession.* But who are the masters? We fear where there is so much smoke there must be some fire. We understand that by the privileges granted to the Board of Examiners the Regents grant, at their application, a diploma of a higher grade than the usual medical diploma, and therefore at least some of the members of the State Board feel rather elated, and consider themselves the masters of the homœopathic medical profession of the State of New York!

As a member of the Faculty of the New York Homœopathic College, it may be perhaps considered indelicate or even

wrong to examine into the status of these so highly educated, so thoroughly posted members of the State Board of Medical Examiners sitting in judgment over us poor mortals, and condemning us as unfit for the duties to which we have been elected by the Board of Trustees (after exchanging letters with the physicians of New York), and as intruders, by keeping better and abler men out of the places so poorly filled by their present occupants. After all, we feel proud of the company we are in. Boston, New York, Philadelphia and our Western colleges show names which have a good ring everywhere, and although we acknowledge ourselves with pleasure as the servants of the profession, and are always willing to accept, and to follow out any suggestion earnestly and friendly made, we spurn the idea to acknowledge the enemies of our colleges as our masters.

We ask with you: What positive value can the diploma granted by the Board of State Examiners possess for its fortunate holder? The *Medical Union* says "it will indicate that its possessor is thoroughly instructed in all the essential departments of medicine and surgery."

Who examined the Examiners, and found them worthy of becoming the members of the highest medical tribunal of the State of New York? What guarantee have *we*, the profession, that *you*, the members of that State Board, are thoroughly instructed in ALL the essential departments of medicine and surgery? Have we not the same right to sit in judgment upon you? Allow, at least, the profession to make their own choice whom they will have as their superiors. It is very well known in the profession how the present Board was appointed, and why this enmity to medical colleges, and especially homœopathic colleges; but we can assure the honorable editors of the *Medical Union* that the *remedy for the evil* is at any rate at present not at hand, and it will require a better appreciation of the Board, as now constituted, to support the law in its present status. O, how true is the old proverb, that some persons see the mote in their neighbor's eye, and not the beam in their own eye.

S. L.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

“‘The 23d Annual Session of the N. Y. S. H. M. Society will be held in the *City Hall* at Albany, Tuesday and Wednesday, February 10th and 11th.’”

“Thus reads the announcement of its indefatigable Recording Secretary, Dr. F. L. Vincent, and it is our duty, permanent members as well as delegates, to give our mite, not only in the trifling amount of ready cash, but in scientific researches, in elaborate articles, to the support of this noble institution.”

A few days ago I received a letter from one of our hard-working colleagues, of which the above is an extract. My reply was, that he labors under a great mistake. Of the hundreds of physicians who grace our noble State, there are only a limited number who find in literary labors their own reward. It is to them a work of love, a pleasure, and if thus others gain some valuable information, so much the better, as they are not the losers thereby, but they would write, nevertheless, for their own instruction and amusement. They believe in the old German saying: *Was man schwarz auf weiss besitzt, kann man getrost nach Hause tragen.*

But there is not a physician in the land who could not contribute a mite, some dearly-bought experience perhaps, to the benefit of the fraternity. There is so much remissness, such a want of ardor for the welfare of our State institution, in others such a false modesty, that we wish we could ring out a clarion note to wake up these sleepers from their indolence.

Nine volumes of the transactions of our State Society are the proud monument which our former Recording Secretary erected to himself; they are an honor to the homœopathic profession, but, the truth must be told, partly a stain on the escutcheon of the physicians of the State of New York, for *our volume ought only to contain original articles*, and not selections from various journals of our school. This must be remedied, this will be remedied, if every one of us does his duty.

We would also beg the permanent members, as well as the

delegates, to be personally present at our next annual meeting. The New York County Society wisely concluded to pay, out of its own funds, the necessary expenses of its delegates, and we hope other county societies will follow this example. We want a goodly company, for there is work on hand which does not bear delay. The Legislature must be petitioned to allow us to continue the publication of our transactions *pro bono publico*, and if Allopathy in its usual intolerance and bigotry refuses to have their own transactions published, that is their business; but it is no reason why *we* should forego our work, or why we should remain dependent on their pleasure.

The sectarian bigotry of the American (!) Health Association has been rebuked by the whole press throughout the length and breadth of our land, and Drs. Cox and Verdi have not lost any prestige by being refused admittance to this *non-American* Association. America is the land of the free, the refuge of the oppressed, and every oppression will rebound to the disgrace of the oppressor. Here also the voice of the State Society must be heard, or else they turn the tables on us, and accuse us of bigotry and exclusiveness. They insist that they are not allopathists, but only physicians, but that we pride ourselves to be exclusively homœopathists. This is the latest dodge, and if it pleases them, we might drop the name, but we will *never* renounce the truth as it lies in the *Homoion*, and its application in practice.

We want your presence at the annual meeting, members and delegates of the State Society, to examine into the status of your homœopathic colleges. They have been publicly abused in a journal published in the City of New York, the *Medical Union*, and their diploma branded as not worth the parchment it is written on. We have only two homœopathic colleges in the State of New York, and we consider it your duty as a State Society to look to it whether they deserve your generous support or not. If deficient, such deficiencies must be remedied under your fostering care; if greater strictness is necessary, you have the right to petition the Legislature, so that its charter may be changed accordingly.

At the last election, the people of the State of New York refused to amend the constitution in so far as it relates to the appointment of judges, and kept (wisely or not) this power in

their own hands. The same power ought to be vested in the physicians of this State, or at any rate in their delegates to the State Society, to elect the members of the Board of Medical Examiners for the State of New York. Such a Board would then be the *the choice of the physicians of the State of New York*, and as their own choice, every physician will bow before such a tribunal.

Was the ermine better served by popular election? Our citizens have answered, and the vote been recorded. Will we by election get a more satisfactory Board? That same *Medical Union* (page 206) says: "The Board, to have any weight, should be made up from the ablest men in the various departments of our profession, otherwise it becomes the broadest farce, and sinks below the level of contempt. If the student is to encounter mediocrity, he will prefer meeting it in College Faculties to encountering it, allied with stupidity, in State Boards."

We look forward with great interest and pleasure to our annual gathering at Albany. Let us be there, one and all, and may the work to be done be blessed by the great Physician for the benefit of ourselves and for the welfare of suffering humanity.

Ophthalmic Hospital.

Surgeons.

T. F. ALLEN, M. D.
C. A. BACON, M. D.

C. TH. LIEBOLD, M. D.
ALFRED K. HILLS, M. D.

Aural Surgeon.

H. C. HOUGHTON, M. D.

Consulting Surgeons.

GEO. E. BELCHER, M. D.
CARROLL DUNHAM, M. D.

H. D. PAINE, M. D.
P. P. WELLS, M. D.

J. McE. WETMORE, M. D.

Assistant Surgeons.

D. B. HUNT, M. D.

H. W. WESTOVER, M. D.

Assistant Aural Surgeon.

J. ANTONIO TERRY, M. D.

Resident Surgeon.

GEORGE S. NORTON, M. D.

NICTITATIO consists in a clonic spasm of the *M. orbicularis* in its entire extension. When the patient alternately opens and closes the eyelids, we see that he can close them promptly, but has some difficulty in opening them. Thus nictitatio differs

from mere twinkling of the eyes, where closing and opening are equally subject to the impulse of the will. Nictitation comes in paroxysms, and is caused and aggravated by the fixation of the object, by atmospheric changes, by emotions. It is most frequently found in debilitated persons, for instance in women who nursed for a long time; it may be combined with helminthiasis, hysteria, infarctus uteri, but such diseases are not the cause of it. The only successful treatment is the subcutaneous division of the *M. orbicularis*.—*Schmidt's Jahrb.* 8, 1873.

Berridge, in his *Repertory*, p. 47, gives us about seventy remedies, where the opening of the eyelids is difficult, and nearly an equal number where spasmodic action of the eyelids prevails, and about thirty-five for the mere "winking;" and still Prof. Allen considers this repertory extremely deficient. We only hope that our oculists will thus be enabled to remove this ailment without taking recourse to the knife. Let them study *al. v.* (alumina), *amb. ann.* (cocculus), *as. o.* (arsen.), *atp.* (bell.), *ba. ca.* (baryt. c.), *ca. ca.* (carbo carbon), *ca. s.* (hepar), *k. ca.* (kali. carb.), etc., and their studies must be rewarded by a cure.

CHOROIDITIS CIRCUMSCRIPTA, by Dr. A. SICKEL, *fls.*—This disease is little known. Its objective symptoms are: In the first stage we see in the background of the eye a solitary red spot of a dark shade, whose peculiar color is especially conspicuous in blonde persons, where the usually plain *vasa corticosa* are as if covered by a gray diffused layer. In the second stage this red spot turns yellow, then white. We see at the beginning in the red spot some small yellow-like fatty granules, shining points, which become confluent, till the whole spot becomes yellow. As it protrudes a little, it simulates a small tumor. The fatty granules probably arise from the pigmentary cells of the choroides, where they are in animals a normal element, according to Muller and Morano. But the yellow color soon passes off, becomes whitish-yellow, then white or gray. Now the spot is surrounded by a red or brownish areola. In the third stage pigment forms. Black points appear, like spots, whereas the brownish areola again turns lighter and more yellow. The spot soon takes the appearance of a chess-board, with irregular white and black dots. Small newly formed blood-vessels also appear at this stage. In the fourth stage the spot turns shining white, the newly formed blood-vessels have disappeared, solitary *vasa corticosa* pass yet through the atrophic parts, whereas the pigment remains lying in the irregularly notched edges.

The subjective symptoms consist at the beginning in a kind of *mouches volantes*, occupying no distinct part in the visual field, and getting worse after severe exercise of the eye, or after a dazzling light. Gradually the *mouches volantes* turn to a very fog before the eyes; the patient cannot bear a strong light, sees, for instance, a light tail emanate from the source of light in the direction of the skotom; by-and-by, the photopsies become permanent, and also appear in the dark. The patient feels at the same time stitching pains in the eye; even the motion of the bulbus in certain directions is painful. We may prove, sometimes, that pressure on a spot corresponding to the part where the ophthalmoscope shows the inflammation is very painful. A genuine, immovable skotom is now formed, corresponding to the seat of the atrophy. If the patient tries to read, the skotom prevents the recognition of the letters in certain directions. The patient also sees straight lines crooked, and gives us all the anomalies of visual power known as *metamorphopsies*.

This *choroiditis circumscripta* differs from other forms by this very circumscription, being limited to a single certain spot in the background of the eye, situated either at the posterior pole, or more or less eccentric. At the time of the yellow discoloration, it might be mistaken for a tumor.

Its causes are not well known, but it has no connection with syphilis. Sickel saw it with persons of habitual constipation, after suppressed hemorrhages, in decided chlorosis, and in three cases of exquisite shortsightedness. In relation to its treatment, Sickel recommends local abstraction of blood with remaining in darkness for 24 to 36 hours. He also uses Ungu. Hydrarg., and fly blisters on forehead and temples.—*Schmidt's Jahrb.*, 8, 1873.

Berridge, I. c., gives, page 37: fundus red, atp. (Bell.); photophobia, hyosc.; sight impaired, ammo. ca. apo (apocynum), ast. (astacus fl.), atp. (bell.), dt. (stram), k. o. (causticum), s. (sulph.).

Dr. Emil Emmert, of Berne, reports in short, the following rare cases of ophthalmic diseases:

1. CONGENITAL TRICHIASIS of the lower lids. Morbid affections of the edges or the conjunctiva were not present. The edge was turned inward, the cilie stunted. A peculiar fold of the skin, close below the edge of the lid, could be seen, going from the external corner of the eye to the root of the nose. The excision of this fold was all that was necessary to put the lids in their normal position.

2. A rare form of PTERIGIUM was discovered in both eyes, between the rectus internus and inferior. In another case a caneroid formed after the excision of a pterigium.

3. A DERMOID in the centre of the cornea of a calf.

4. Extirpation of an eye on account of a GRANULOMA IRIDIS in a girl of 17, where, under inflammatory symptoms, the tumor developed itself in the course of three months at the ciliary part of the iris, and penetrated the cornea.

5. AMBLYOPIA SATURNINA of both eyes, in a painter, with negative ophthalmoscopic examination. A single subcutaneous injection of strychnine (2 mgrmm.) suffice to restore perfectly the sight, whereas before could hardly distinguish the number of fingers held before him.—*Schw. Corv. Kl.*, 5, 1873.

S. L.

ANNUAL MEETING OF THE NEW YORK STATE HOMOEOPATHIC MEDICAL SOCIETY.

The 23d Annual Session of the New York State Homoeopathic Medical Society will be held in the City Hall at Albany, Tuesday and Wednesday, Feb. 10th and 11th, 1874. The Annual Address will be delivered by T. F. Allen, M. D., of New York City.

Delegates from the several County Societies are specially requested to be in attendance.

Full reports are expected from the Bureaus. Special notice of subjects will be announced hereafter.

FRANK L. VINCENT, *Rec. Secy.*

LIBRARY ACKNOWLEDGMENTS.

The following donations to the library since last report:

Prof. Carroll Dunham, M. D., "Patogenia del Cactus Grandiflorus;" and through Prof. Dunham, from the author himself, Dr. Rubini's work on "Cholera Treated with Camphor alone."

Prof. Wm. Tod Helmut, M. D., his own work entitled "A System of Surgery."

ALFRED K. HILLS, M. D.,

Chairman Library Committee.

DACRYOCYSTITIS: ITS TREATMENT.

It is the practice of many oculists to, immediately upon the presentation of such a lesion, perform Stilling's operation for stricture of the duct, without even attempting remedial recourse to medication. Now I am satisfied that there is no such haste in adopting operative measures as will prevent a trial of some of our "sovereigns" for its eradication. We cannot expect to advance the cause of homœopathic therapeutics unless we clinically apply the material that *should* be at our fingers' ends. As well might we degenerate at once to empiricism, or what is just as bad, routinism, as to decline to attempt a cure never before known by continuing in the footsteps of former routinists.

I will not say that the operative measures are *never* necessary, for I think otherwise; but should be only exceptionally resorted to.

It is *only those cases* in which *cicatricial strictures of the duct* have already formed that require operation. The first stage of inflammation of the lachrymal sac ought to be readily controlled by medicine, as also the blennorrhœa, which often remains after the subsidence of the acute inflammatory symptoms.

I have never seen perforation follow the administration of a *perfectly similar* or *truly homœopathic* remedy.

For myself, I would prefer the formation of a fistulous opening to Stilling's operation, as presenting less deformity, easier amenable to medication, and, when properly cured, less liable to recurrences of lachrymal catarrh. I have cured lach. fistule in a very few days with the properly indicated remedy; oftenest with sil., hep. and puls., in accordance with their characteristic individualization.

In chronic cases, the lower canaliculus, from long-continued inflammation, becomes glued together or cicatricially adherent; and in such cases probing or slitting of the canal is necessary, in order to allow of the free passage of secretions from the sac toward the eyeball, instead of from the fistulous opening. This is the most favorable condition to a cure.

In the first stage, bell. or hepar. will frequently be sufficient to stop the whole trouble in its incipency, preventing the formation of pus.

During the second or suppurative stage, sulph., calc., sil., hep., puls., petrol. are amongst the most prominent and oftenest-indicated medicines.

Third stage, or lachrymal fistula, hep., sil., puls., petr. stand at the head of the list.

OPHTHALMOLOGICAL CONFIRMATIONS FROM PRACTICE.

CHAMOMILLA 200 cures promptly the worst cases of ophthalmia serofulosa, characterized by the most intense photophobia, the *least light* being *entirely unbearable*. Profuse *acid* discharge from eyes and nose, excoriating all tissue with which it comes in contact.

The face is covered with a fiery red rash, which is very sensitive to touch and to washing (sulph.).

The *mental symptoms* may be important as a guide to its selection.

MERC. NIT.—In the *pustule* form of conjunctivitis or keratitis, I find this preparation of the mercury more useful than any other. It relieves the inflammatory, *burning* lachrymation, excessive photophobia, spasm of the lids, together with the great *sensitiveness to heat* and to damp cold, as well as the nocturnal aggravation.

ALFRED K. HILLS, M. D.